

NEW CONSTRUCTION SCREENING FORM

SUPPORTING DIRECTIVE MILPERSMAN 1306-800

RATE/RANK:	NAME:
SSN:	PROPOSED DETACHMENT DATE:

PROPOSED DUTY STATION:

SECTION A: GENERAL CRITERIA

**INTERVIEWER'S
INITIALS**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	1.	Has member had any prior conviction(s) by courts-martial?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	2.	Has member had any NJP, civil violations (other than minor traffic offenses) in the past 12 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	3.	Performance Evaluation (NAVPERS 1616/26): Has member received at least 3.0 on all traits, been recommended for retention, and promotable or higher for advancement for the past 24 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	4.	Has member had any involvement with illegal drugs in the past 12 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	5.	Has member had any alcohol related incidents in the past 12 months?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	6.	Has member signed the required OBLISERV for this program?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	7.	Is Member currently within height, weight or body fat standards, and has member passed the most recent, regularly scheduled Physical Fitness Assessment (PFA)?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	8.	Does member have required security clearance (Nuclear powered ships only)?	
PERSONNEL OFFICER'S NAME AND RANK:				PERSONNEL OFFICER'S SIGNATURE:		DATE:

SECTION B: MEDICAL/DENTAL SCREENING

**INTERVIEWER'S
INITIALS**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	1a.	Is member suitable for Operational Duty per BUMEDINST 1300.2?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	1b.	If member is not suitable for Operational Duty per BUMEDINST 1300.2, has waiver request been submitted?	
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	2.	Is member in proper dental class for PCS transfer?	
MEDICAL OFFICER'S NAME AND RANK:				MEDICAL OFFICER'S SIGNATURE:		DATE:
DENTAL OFFICER'S NAME AND RANK:				DENTAL OFFICER'S SIGNATURE:		DATE:

NEW CONSTRUCTION SCREENING FORM (CONTINUED)

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SECTION C: FINANCIAL SCREENING

INTERVIEWER'S
INITIALS

☐ YES ☐ NO 1. Has the member been interviewed by the Command Financial Specialist per OPNAVINST 1740.5A, and is the member financially stable?

COMMAND FINANCIAL SPECIALIST'S
NAME AND RANK:

COMMAND FINANCIAL SPECIALIST
SIGNATURE:

DATE:

SECTION D: MEMBER CERTIFICATION

ALL OF THE ABOVE INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. By signing this form I acknowledge that I must maintain my suitability throughout my assignment.

MEMBER'S NAME AND RANK:

MEMBER'S SIGNATURE

DATE:

SECTION E. COMMAND CO/XO/OIC/COS/DIRECTOR ENDORSEMENT

☐ YES ☐ NO 1. Are there any other compelling reasons why service member should not be transferred?

Remarks:

☐ APPROVAL ☐ DISAPPROVAL

ENDORSEMENT OF THIS SCREENING REPRESENTS FULL RECOMMENDATION OF THIS CANDIDATE BY TRANSFERRING COMMAND. ALL INFORMATION IS CERTIFIED TO BE TRUE TO THE BEST OF MY KNOWLEDGE. A COPY OF THIS FORM HAS BEEN FILED IN MEMBERS SERVICE RECORD.

NAME AND RANK:

SIGNATURE

DATE:

PRIVACY STATEMENT: THE AUTHORITY TO REQUEST THIS INFORMATION IS CONTAINED IN 5 USC 301 DEPARTMENTAL REGULATIONS. THE INFORMATION WILL BE USED TO ASSIST OFFICIALS AND EMPLOYEES OF THE DEPARTMENT OF THE NAVY IN DETERMINING YOUR FUTURE DUTY ASSIGNMENT.

COMPLETION OF THE FORM IS MANDATORY EXCEPT FOR DUTY AND HOME PHONE NUMBERS OR FAILURE TO PROVIDE REQUIRED INFORMATION, MAY RESULT IN DELAY IN RESPONSE TO OR DISAPPROVAL OF YOUR REQUEST.